

Date: _____

To determine allowable expenses, please refer to the Kansas Department for Children and Families (DCF) Kansas Commodity Distribution Manual, Section 6000, Reimbursements. Note: All Expense Reimbursement Requests must be accompanied with documentation of each item listed, such as payroll/time sheets, gasoline tickets for rented vehicles, storage bills, equipment rental, and supply purchase receipts. Private mileage reimbursement must be documented in Section I on this form.

Participating Organization _____

Check Made Payable To: _____

(Sign to the left)

Signature of Individual or Participating Organization
Requesting Reimbursement.

Street City State Zip

Federal I.D. or Social Security No. of above individual or organization

I. Travel Expense

Date	Traveled From/To:	Total Miles	Rate Per Mile	Total
			.56	
Sub Total				

II. Other Expenses

Date	Type Expense (Please List)	List of Attached Documentation	
Sub Total			

Check List:

- ☐ Participating organization signature
- ☐ Documentation (receipts)
- ☐ Accuracy
- ☐ Updated mileage reimbursement rate
- ☐ Appropriate Tax I.D. or SSN# is listed
- ☐ Current W-9 on file

Regional DCF Signature / Date

Total
